## THE COMMISSIONERS OF ST MICHAELS P.O. BOX 206 ST MICHAELS, MARYLAND 21663 410-745-9535

## SUBDIVISION APPLICATION MAJOR & MINOR

FILE Number:  FEE PAID  APPLICATION DATE		MAJOR:
		MINOR:
		CRITICAL AREA
PLA	NNING COMMISSION DATE	
NAM	IE OF PROJECT/LOCATION	
(1)	RECORD OF LAND:	MAP PARCEL
	NAME OF OWNER:	
	ADDRESS	
(2)	PROPERTY NAME	
(3)	PROPERTY ADDRESS:	
(4)	REGISTERED ENGINEER OF	R SURVEYOR:
	COMPANY NAME:	
	ADDRESS:	
	TELEPHONE NUMBER:	
(5)	ZONING CLASSIFICATION:	
(6)	NUMBER OF PROPOSED LO	OTS:
REQ	UIREMENTS OF APPLICATION	ON SUBMISSION:
TO F		ED BY THE ST. MICHAELS TECHNICAL ADVISORY COMMITTEE PRIOR DMMISSION. TEN (10) COPIES OF THE PLAT AND SUPPORTING MITTED FOR DISTRIBUTION.
	NNING COMMISSION REVIEW UMENTATION BE SUBMITTEI	REQUIRES THAT EIGHT (8) COPIES OF THE PLATS PLUS SUPPORTING D.
APP	LICANT'S SIGNATURE	DATE

PLATS CANNOT BE RECORDED UNTIL FINAL APPROVAL HAS BEEN GRANTED.